



**Maine Bureau of Motor Vehicles
International Registration Plan
New Account Application - Schedule A**

SECTION 1 - ACCOUNT INFORMATION				0
NAME OF REGISTRANT	DATE OF BIRTH	REGISTRATION YEAR	ACCOUNT NUMBER	FLEET NUMBER 1
DOING BUSINESS AS (DBA)	USDOT NUMBER	TAXPAYER IDENTIFICATION NUMBER (TIN)/TIN TYPE <input type="checkbox"/> EIN <input type="checkbox"/> SSN		REGISTRANT ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICAL ADDRESS		PRIMARY CONTACT PERSON		MC NUMBER
MAILING ADDRESS		TELEPHONE NUMBER ()	CELL PHONE NUMBER ()	FAX NUMBER ()
EMAIL ADDRESS	BUSINESS TYPE <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> S CORP <input type="checkbox"/> LLC STATE OF INCORPORATION: _____ <input type="checkbox"/> OTHER:			

OPERATION CLASSIFICATION
<input type="checkbox"/> AUTHORIZED FOR HIRE <input type="checkbox"/> EXEMPT FOR HIRE <input type="checkbox"/> PRIVATE CARRIER <input type="checkbox"/> HOUSEHOLD GOODS <input type="checkbox"/> RENTAL COMPANY <input type="checkbox"/> OTHER _____

LEASING INFORMATION
Are you leasing to a motor carrier? <input type="checkbox"/> YES <input type="checkbox"/> NO If 'YES', please provide the legal name of the motor carrier: _____

PREVIOUS IRP REGISTRATIONS?
Have you previously been registered in Maine or any other IRP jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO If 'YES', please provide the jurisdiction name(s): _____
Were your IRP registration privileges ever revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO

PARTNERS OR CORPORATE OFFICERS				
NAME	CORPORATE POSITION	DOB	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER
1.				()
2.				()
3.				()

REPORTING SERVICE/AGENT*			
NAME OF REPORTING SERVICE/AGENT	ADDRESS	TELEPHONE NUMBER ()	FAX NUMBER ()
Would you like the Reporting Service/Agent named above to receive IRP bills, plates, correspondence, etc. on your behalf? <input type="checkbox"/> YES <input type="checkbox"/> NO			

** If you have a reporting service or agent complete your IRP paperwork, please complete this section and attach the Power of Attorney authorizing the service or agent to conduct IRP business on your behalf.*

I would like to receive email notifications regarding my account, including my IRP Renewal Packet. <input type="checkbox"/> YES <input type="checkbox"/> NO Email Address: _____
I have internet access and would be interested in receiving training to process my IRP applications online. <input type="checkbox"/> YES <input type="checkbox"/> NO

New Account Application - Schedule A (Continued)

Account Number: _____

SECTION 2 - DECLARED JURISDICTIONAL OPERATING WEIGHTS

AB	CA	FL	IN	MA	MI	MT	NE	NM	OH	PA	SC	TX	WA	
AL	CO	GA	KS	MB	MN	NB	NH	NS	OK	PE	SD	UT	WI	
AR	CT	IA	KY	MD	MO	NC	NJ	NV	ON	QC	SK	VA	WV	
AZ	DC	ID	LA	ME	MS	ND	NL	NY	OR	RI	TN	VT	WY	
BC	DE	IL	If weight is given for WY, do you have WY Intrastate Authority? <input type="checkbox"/> YES <input type="checkbox"/> NO					If TK is traveling in CO, does it pull a trailer? <input type="checkbox"/> YES <input type="checkbox"/> NO						

The vehicles listed below must be in the above weight group. Please use an additional page for each additional weight group.

SECTION 3 - VEHICLE INFORMATION

1	UNIT NUMBER	MODEL YEAR	MAKE / MODEL	VEHICLE IDENTIFICATION NUMBER			*TYPE	**FUEL	AXELS	BUSHP	SEATS	GROSS WEIGHT	UNLADEN WEIGHT	NAME OF OWNER/LESSOR		*TYPE TT TK BS		
HAULS TRAILER?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	MAXIMUM NUMBER OF TRAILER AXLES _____				CARRIER RESPONSIBLE FOR VEHICLE SAFETY										**FUEL D G P
TITLE NUMBER	TITLE JURISDICTION	NEW / USED	PURCHASE PRICE & PURCHASE DATE	FACTORY PRICE	WILL THE VEHICLE BE LEASED FOR 30 DAYS OR MORE TO ANOTHER CARRIER	LEASE DATE	***USDOT NUMBER	****TAXPAYER IDENTIFICATION NUMBER (TIN)	PLEASE INDICATE IF THE CARRIER RESPONSIBLE FOR SAFETY OF THE VEHICLE IS EXPECTED TO CHANGE DURING THIS REGISTRATION YEAR.									
		<input type="checkbox"/> N <input type="checkbox"/> U			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO									
2	UNIT NUMBER	MODEL YEAR	MAKE / MODEL	VEHICLE IDENTIFICATION NUMBER			*TYPE	**FUEL	AXELS	BUSHP	SEATS	GROSS WEIGHT	UNLADEN WEIGHT	NAME OF OWNER/LESSOR		***USDOT Number Assigned to Vehicle		
HAULS TRAILER?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	MAXIMUM NUMBER OF TRAILER AXLES _____				CARRIER RESPONSIBLE FOR VEHICLE SAFETY										****EIN or SSN Associated with the USDOT Number Assigned to the Vehicle
TITLE NUMBER	TITLE JURISDICTION	NEW / USED	PURCHASE PRICE & PURCHASE DATE	FACTORY PRICE	WILL THE VEHICLE BE LEASED FOR 30 DAYS OR MORE TO ANOTHER CARRIER	LEASE DATE	***USDOT NUMBER	****TAXPAYER IDENTIFICATION NUMBER (TIN)	PLEASE INDICATE IF THE CARRIER RESPONSIBLE FOR SAFETY OF THE VEHICLE IS EXPECTED TO CHANGE DURING THIS REGISTRATION YEAR.									
		<input type="checkbox"/> N <input type="checkbox"/> U			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO									

SECTION 4 - AFFIRMATION

I/we, the undersigned, do certify that the information provided herein is true and correct to the best of my/our knowledge and that vehicle liability insurance is maintained on all fleet vehicles at the time of registration.

Authorized Signature _____ Title _____ Date _____

DISCLOSURE

This statement is made in accordance with the Federal Privacy Act of 1974, Section 7 (b). Providing your Social Security Number or Federal Employer Identification Number is mandatory and is required by State and Federal law or rule to receive motor carrier credentials. Your Social Security Number or Federal Employer Identification Number will be used solely for identification purposes and will be kept confidential.